

<b>MAIL THE COMPLETED FORM TO:</b> The appropriate EPA Regional or State Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM - 2007</b>	
1. Reason for Submittal (see instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # ) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (page 10)	<b>EPA ID Number:</b> MOR000513424	
3. SiteName (page 10)	<b>Site Name:</b> McDonnell Douglas Corp. - AvChem	
4. Site Location Information (page 10)	<b>Street Address:</b> 6827 Hazelwood Ave. <b>City, Town or Village:</b> Berkeley <b>State:</b> MO <b>County Name:</b> ST LOUIS <b>Zip Code:</b> 63134	
5. Site Land Type (page 10)	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	<b>A.</b> 336411	<b>B.</b>  <b>C.</b>  <b>D.</b>  
7. Site Mailing Address (page 11)	<b>Street or P.O. Box:</b> PO Box 516 M/C <b>City, Town or Village:</b> St. Louis <b>State:</b> MO <b>Country:</b> UNITED STATES <b>Zip Code:</b> 63166	
8. Site Contact Person (page 11)	<b>First Name:</b> Annette <b>MI:</b> C <b>Last Name:</b> LaMora <b>Phone Number:</b> 3142324838 <b>Extension:</b> <b>Email Address:</b> annette.c.lamora@boeing.com	
9. Operator and Legal Owner of the Site (pages 11 and 12)	<b>Name of Site's Operator:</b> AvChem <b>Date Became Operator (mm/dd/yyyy):</b> 09/01/2003 <b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <b>Name of Site's Legal Owner:</b> First Industrial LP <b>Date Became Owner (mm/dd/yyyy):</b> 09/01/2003 <b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	



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 Hazardous Waste Program  
 MO Dept. of Natural Resources

<b>9. Legal Owner (Continued) Address</b>	Street or P.O. Box: South Walker Dr. Ste. 4000	
	City, Town or Village: Chicago	
	State: IL	
	Country: UNITED STATES	Zip Code: 60606

**10. Type of Regulated Waste Activity**  
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16)

**A. Hazardous Waste Activities**  
 Complete all parts for 1 through 6.

**Y ☒ N ☐ 1. Generator of Hazardous Waste**  
 If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

**In addition, indicate other generator activities.**

**Y ☐ N ☒ d. United States Importer of Hazardous Waste**

**Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator**

**Y ☐ N ☒ 2. Transporter of Hazardous Waste**

**Y ☐ N ☒ 3. Treater, Storer or Disposer of Hazardous Waste (at your site)**  
 Note: A hazardous waste permit is required for this activity.

**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)**

**Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-Site Burner Exemption

☐ b. Smelting, Melting, and Refining

**Y ☐ N ☒ 6. Underground Injection Control**

**B. Universal Waste Activities**

**Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. Mark all boxes that apply:**

	Managed
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>

**Y ☐ N ☒ 2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**  
 Mark all boxes that apply.

**Y ☐ N ☒ 1. Used Oil Transporter**  
 If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

**Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner**  
 If "Yes", mark each that applies.

☐ a. Processor


☐ b. Re-refiner

**Y ☐ N ☒ 3. Off-Specification Used Oil Burner**

**Y ☐ N ☒ 4. Used Oil Fuel Marketer**  
 If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

<b>11. Description of Hazardous Wastes (see instructions on page 17)</b>						
<b>A. Waste Codes for Federally Regulated Hazardous Wastes.</b> Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	D002	D007	D018	D035	F003	
<b>B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.</b> Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.						
<b>12. Comments (see instructions on page 17)</b>  Mailing address for contact person:  Annette C. LaMora PO Box 516 M/C S598-1201 St. Louis, MO 63166						
<b>13. Certification.</b> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  (See instructions on page 17)						
<b>Signature of owner, operator, or an authorized representative</b>	<b>Name and Official Title (type or print)</b>				<b>Date Signed (mm/dd/yyyy)</b>	
	Michael J Dwyer, EHS Director				02/29/2008	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: McDonnell Douglas Corp. -

EPA ID NO: MOR000513424

FORM  
GM

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

<b>Sec. 1</b>	A. Waste Description Expired & off-spec chemicals		
B. EPA Hazardous Waste Codes D001 D002 D018 D035 F003		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25	E. Form Code W001	F. Quantity Generated in 2007 10,523.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

<b>Sec. 2</b>	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007		On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007	

<b>Sec. 3</b>	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped OHD980613541	C. Off-site Management Method Code Shipped to H040	D. Total quantity shipped in 2007 8,387.000000
Site 2	B. EPA ID No. of facility to which waste was shipped IND093219012	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2007 2,136.000000
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

[+WM]